

1863

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No.

335

1. PLACE OF DEATH

County Pima State ARIZONA Registered No. 711
Township _____ or Village _____
City Tucson No. St. Clair & West St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. 30 mos. 14 ds. How long in U. S. if of foreign birth? 30 yrs. 30 mos. 14 ds.
How long in State when death occurred? 14 yrs. 30 mos. 14 ds.

2. FULL NAME

Louisa Aguilar
(a) Residence: No. Tucson Ariz. St. _____ Ward _____ (If not resident give city or town and state)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED, or DIVORCED. (Write the word) Married
6a. If married, widowed, or divorced HUSBAND of Blas Aguilar (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) June 22-1885
7. AGE Years 54 Months 3 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or Country) Mexico

13. NAME P Florez

14. BIRTHPLACE (city or town) _____ (State or Country) Mexico

15. MAIDEN NAME Cecelia Gonzales

16. BIRTHPLACE (city or town) _____ (State or Country) Mexico

17. INFORMANT Antonio Aguilar (Address) Box 43 60 E Rt 1. Tucson Ariz.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Holy Hope Date 9/25/39

19. EMBALMER License No. 184 Signature HM Parker

FUNERAL DIRECTOR Parker Mortuary Address Tucson, Arizona

20. Filed 9-25-39 1939 Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/23/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Seen after death to 10:20 AM, 1939

I last saw her alive on 1939; death is said to have occurred on the date stated above, at 10:20 AM.

The principal cause of death and related causes of importance were as follows:

Multiple emboli in aorta.
Advanced general arteriosclerosis.

Other contributory causes of importance:
nephrosclerosis
Degeneration of liver

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 1939

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ludwig Lindberg M. D.

(Address) pathologist